

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO

101575535

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12		1				
13						
14						
15						
16						
17		1				
18	1					
19		1				
20						
21						
22						
23		1				
24		1				
25	1					
26		1				
27						
28						
29						
30						
31		1				
32	1					
33		1				
34						
35						
36						
37	1					
38		1				
39						
40						
41						
42						
43						
44						
45						
46	1					
47		1				
48		1				
49						
50						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53						
54						
55						
56						
57						
58	1					
59						
60						
61						
62						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			9		↓	
TOTAL DEP.			34	←		
TOTAL CLAIMS	63					